City if Bryan Texas Ethics Commission (512) 463-5800 Austin, Texas 78711-2070 (TDD 1-800-735-2989) P.O. Box 12070 CANDIDATE / OFFICEHOLDER FORM C/OH COVER SHEET PG 1 CAMPAIGN FINANCE REPORT 1 ACCOUNT# 2 Total pages filed: (Ethics Commission Filers) The C/OH instruction Guide explains how to complete this form. MS/MRS/MR FIRST 3 CANDIDATE / М OFFICE USE ONLY OFFICEHOLDER NAME Date Received 01121314151677787830 RECEIVED SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING Distributed deliv **ADDRESS** change of address 5 CANDIDATE/ **OFFICEHOLDER PHONE** Degemi eted CAMPAIGN TREASURER NAME **SUFFIX** ZIP CODE STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE# CITY: STATE: CAMPAIGN **TREASURER ADDRESS** (residence or business) 8 CAMPAIGN **TREASURER** PHONE 822-2700 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoti treasurer appointment (officeholder only) ____ July 15 Final report (Altach C/OH - FR) 8th day before election Exceeded \$500 limit 10 PERIOD 01/15/15 COVERED THROUGH **ELECTION TYPE** 11 ELECTION Primary Runoff Spedal OFFICE HELD (ffany) 13 OFFICESOUGHT (#known)

lity Council,

12 OFFICE

Texas Ethics Commissio	n P.O. Box	12070	Austin, Texas 78711-2070	(512) 463-58	800 (TDD 1-800-735-2989)
CANDIDAT SUPPORT			DER REPORT:	C	FORM C/OH COVER SHEET PG 2
					·
14 C/OH NAME	Y. Sae	<i>'</i> nZ		15 AC	CCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(\$)	CANDIDATE / OFFICE	HOLDER, THESE	CONTRIBUTIONS ACCEPTED OR POLITICAL EXPE EXPENDITURES MAY HAVE BEEN MADE WITH LIDERS ARE REQUIRED TO REPORT THIS INFORM	OUT THE CANDIDATE	8 OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE N.			
	GENERAL SPECIFIC	COMMITTEE AL	DORESS		·
	L 1	COMMITTEE CA	AMPAIGN TREASURER NAME		
additional pagas			-		
		COMMITTEE CA	AMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE	OLITICAL COI S, LOANS, OR	NTRIBUTIONS OF \$50 OR LESS (OT GUARANTEES OF LOANS), UNLES	THER THAN SS ITEMIZED	\$ 295.00
			CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF L	OANS)	\$ 245.00 \$ 1636.37
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXP	ENDITURES OF \$100 OR LESS, UNI	LESS ITEMIZED	\$ 200,00
	4. TOTAL	POLITICAL	EXPENDITURES		\$ 200.00
CONTRIBUTION BALANCE		CLITICAL CON RTING PERIO	TRIBUTIONS MAINTAINED AS OF TO D	HE LAST DAY	\$ 1636.37
OUTSTANDING LOAN TOTALS			OUNT OF ALL OUTSTANDING LOAN PORTING PERIOD	S AS OF THE	\$ O
18 AFFIDAVIT			I swear, or affirm, under	penally of perjury	y, that the accompanying report
	IRISTINA A. SHUM lotary Public, State of My Commission Exp JULY 22, 2015	Texas 🕽	me under Tille 15, Election	on Code. Sama	ation required to be reported by
AFFIX NOTARY STAMS	P/SEALABOVE		Signatu	ire of Candidate o	or Omcenoider
Sworn to and subs	Towns		-		this the
Unitie	a Shume	en c	hristing A.Shun		Notay Public
Signature of officer admir	nistering oath	Printed	name of officer administering oath	Tit	lle of officer administering cath

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
The	instruction Guide explains how to complete this	1 Total pages Schedule A:		
2 FILER NAME	11 Y. Saenz	3 ACCOUNT # (E	Ihics Commission Filers)	
4 Date	5 Ruil name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8-18-14	8 contributor address: City; State; 21p Code 3924 Park Meadow Ln. Bryan, TX 77802		\$ 250 (If travel outside	
	pation / Job title (See Instructions) 51 NC55 DWNEY	10 Employer (See)	Instructions) Tayer Agr	i Services
Dale	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-18-14	Grea Owens contributor address; City; State; Zip Code 4403 Nottingham Lane	, , .	\$100	
Principal occur	Sryan, 1X 77802 pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Principal Good	business owner	3erv	Pro	
Date	Full name of contributor out-of-state PAC (IDIK)	Amount of contribution (\$)	In-kind contribution description (if applicable)
8-18-14	Sandra Yortzer Contributor address; City: State; Zip Code 6949 E, Hwy, 21		\$80	
Odvolpol oggur	Dryan, 1X 77808 Destion / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Principal occup	business owner		inner Towi	ng
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8-18-14	Bill Lero Contributor address; City; State; Zip Code 4421 Nottingham Bryan, TX 77802	,	\$250	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Nebuilder Full name of contributor Dout-of-state PAC (IDM)	Lero H	Amount of	In-kind contribution
8-18-14	Full name of contributor out-of-state PAC(ID#_ Laura Nelson Contributor address; City; State; Zip Code 3920 Park Meadow Ln. Bryan TV 77802		sontribution (\$)	description (if applicable)
Principal occup	pation / Uob title (See Instructions)	Employer (See In	nstructions)	×1
->enior	Office Associate	jevas A	m Univer	3174
lf c	ATTACH ADDITIONAL COPIES O ontributor is out-of-state PAC, please see instru			requirements.

Texas Ethics C	Commission P.O. B	ox 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989
PLED	GED CONTRI	BUTIONS	3		SCHEDULE B
T	he instruction Guide exp	lains how to co	implete this form.	1 Total pages Sche	dule B:
2 FILER NAM	NE .			3 ACCOUNT # (Eth	nics Commission Filers)
4 TO	TAL OF UNITEMIZED	PLEDGES:	\$ \$\disp \disp	→	\$
5 Dale	6 Full name of pledgo 7 Pledgor address;	r □ aut-of-sta		8 Amount of plodge (\$)	9 in-kind description (if applicable)
				(If travel autoble of	Texas, complete Schedule T)
10 Principal oc	cupation / Job title (See Ins	tructions)	11 Employer (See		тохав, сопірна заледше ту
Date	Full hame of pledge	City; State;		Amount of pledge (\$)	In-kind description (if applicable)
				(If travel outside of	Texas, complete Schedule T)
Principal oc	cupation / Job title (See Ins	lructions)	Employer (See		
Date	Full name of pledgor	out-of-sta		Amount of pledge (\$)	In-kind description (if applicable)
				(if travel outside of	Texas, complete Schedule T)
Principal occ	cupation / Job title (See Inst	ructions)	Employer (See	 	
Date	Full name of pledgor	out-of-stat	e PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State;	Zlp Code		·
Principal occ	upation / Job title (See Inst	ructions)	Employer (See		Texas, complete Schedule T)
Date	Full name of pledgor			Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address;	City; State;	Zip Code	(If Insvel outside of	Texas, complete Scheduls T)
Principal occ	upation / Job title (See Insti	ructions)	Employer (See		The second of th
If			COPIES OF THIS SCHEDUL see instruction guide for a		quirements.

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LOANS				SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pa	ages Şchedule E;
2 FILER NAME			3 ACCOU	INT # (Ethics Commission Filers)
4 TOTA	AL OF UNITEMIZED LOANS:	\$ \$ \$ \$ \$ \$	>	\$
5 Date of loan	7 Name of lender [out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 ls lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupati	ion / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Col	lateral	16 Check if personal funds were	deposited	into political account
16 GUARANTOR INFORMATION	17 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City; S	Slate; Zip Code		
20 Principal Occupat	lan (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
la lender a financia Institution?	Lender addreas; City; State; 2	Zip Code		Interest rate
Y N			ļ	Maturily date
Principal occupati	on / Job title (See Instructions)	Emplayer (See Instructions)		
Description of Colls	ateral	Check if personal funds were d	eposited i	nto political account
GUARANTOR INFORMATION	Name of guarantor		_	Amount Guaranteed (S)
not applicable	Guarantor address; City; S	Rate; Zip Code	• • • •	
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
íf lenc	ATTACH ADDITIONAL COPIE ler is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEED		uirements.

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense GifVAwards/Memorials Expense Legal Services

Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundralaing Expense

Trevel in District

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donallons Made By

Consuming Expense	Loogicavaiaña Exhausa	Travel Ort Of District	Controvuons/Donations Made B Candidate/Officeholder/Politic	
Event Expense	Polling Expense	Travel Out Of District		
Feés	Printing Expense	Office Overhead/Rental Expen	Se OTHER (enter a category not lis	led above)
	The Instruction Guid	e explains how to complete ti	ils form.	
1 Total pages Schedule F:	2 FILER NAME	A	3 ACCOUNT # (Ethics Con	nmiasion Filera)
4 Date	5 Раусс пате			
6 Amount (\$)	7 Payee address; City; S	tate; Zip Code		:
8 PURPÖSE OF EXPENDITURE	(a) Category (See categories listed at the to	p of this schedule) (b) Descri	ption (If travel outside of Texas, complete Sch	odute T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office 6	cought Office	neld .
Date	Payee name			
Amount (\$)	Payee address; City; S	tate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Descri	otion (If travel outside of Toxas, complete Scho	dule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office s	ought Office I	neld
Date	Payee name			
Amount (\$)	Payee address; City; St	ate; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories asted at the to	p of this schedule) Descrip	olion (If travel outside of Texas, complete Sche	dule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder hame DH	Office s	ought Office I	old
Date	Рауее пагно			•
Amount (\$)	Payee address; City: St	ate; Zip Code		,
PURPOSE OF EXPENDITURE	Category (See categories listed at the to	p of this schedule) Descrip	alion (If travel outside of Texas, complete Sche	dule ()
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office &	ought Office h	eld
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE	AS NEEDED	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE	E CATEGORIES I	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense The Instruction Guid	Salarles/Wages/Co Solicitation/Fundrai Travel In District Travel Out Of Distr Office Overhead/Re	ntract Labor sing Expense (ict ental Expense (Loan Repsyment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee DTHER (enter a category not listed above) n.
1 Total pages Schedule G:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payco name			
6 Amount (\$)	7 Payee address; City: St	ate; Zip Code		
Reimbursement from political contributions intended				
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE				
Date	Payee name			
*				
Amount (\$)	Payee address; City; St	ate; Zip Code		
Reimbursoment from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	p of this schedule)	Description (ftravel outside of Texas, complete Schedule T)
,				
Date	Payee name			
Amount (\$)	Payee address; City; St	ete; Zip Code		
Reimbursement from political contributions intended				·
PURPOSE OF EXPENDITURE	Category (See categories listed at the top) of this schedule)	Description (II	ftravel outside of Texaa, complete Schedule T)
Date	Payee name			
Amount (\$)	Payee address; City; Sta	ate; Zip Code		
Relimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Calegory (See categories listed at the top	of this schedule)	Description (II	travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL CO	OPIES OF THIS SC	HEDULE AS NE	EDED

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE	CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gifu/Awards/Memorials Expanse Legal Services Food/Boverage Expense Polling Expense Printing Expense	Salarles/Wagea/Contract Solicitation/Fundralsing E Travel In Diatrict Travel Out Of District Office Overhead/Rental I	Labor Loar Expense Tran Cont	n Repayment/Reimbursement isportation Equipment & Related Expense tributions/Donations Made By Candidate/Officeholder/Political Committee IER (enter a category not listed above)
		explains how to compl	=	•
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
4 Date	6 Business name		,	
6 Amount (\$)	7 Business address; City; Sta	ate; Zlp Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top	of this schedule) (b) (c)	Description (Iftrav	vel outside of Texes, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	0	Mice sought	Office held
Date	Business name			
Amount (\$)	Busineas address; City; Stat	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	escription (litrev	el outside of Texas, comptete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	O	Mce sought	Office held
Dat o	Business namo			
Amount (\$)	Business address; City; Stat	te; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories tisted at the top of	of this schedule) D	lescription (If trave	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Of	ffic o sought	Office held
Date	Business name			
Amount (\$)	Business address; City; Stat	e; Zlp Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule) D	escription (If trave	el outside of Texas, complete Schedule T)
Complete ONLY If direct expenditure to benefit C/OI	Candidate / Officeholder name H	Of	ffice sought	Office held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHE	DULE AS NEED	DED

Texas Ethics Commission P.O. Box 12070

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NON-POLITICAL EXPENDITURES

SCHEDULE |

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date		,
	5 Payee name	
G Amount (5)	7 Payes address; City; State; Zlp Code	
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See Instructions regarding type of Information required.)
Dale	Payee name	
Amount (\$)	Payee address: City, State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amaunt (\$)	Payee address; City; Stats; Zip Codo	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payse name	
Amount (\$)	Payec address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of ecceptable categories)	(b) Description (See instructions regarding type of information required.)

Texas Ethics C	ommission	P.O. Box 12070	Austin, Texas 78711-2070	(512) 463-5800	(TDD 1-800-735-2989)
			R CREDITS/GAINS E OF INVESTMEN		SCHEDUL E K
Т	he Instruction	Guide explains how to	complete this form.	1 Total pages Sche	dule K:
2 FILER NAM	AE.			3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Name of p	person from whom amou	nt is received		8 Amount (\$)
	6 Address o	f person from whom am	ount is received; City; State; Zip Cod	, , ,	
	7 Purpose fo	or which amount is recei	ved		
Date	Name of p	erson from whom amou	nt is received		Amount (\$)
	Address o	. , , , , ,	ount la received; City; State; Zip Cod	, , ,	
	Purpose fo	or which amount is recei	ved		
Date	Name of p	erson from Whom amour	it is received		Amount (\$)
		f nace on from whom a me	ount is received. City: State: Zio Code		

Purpose for which amount is received

Name of person from whom amount is received

Amount
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Date

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IN-KIND CO FOR TRAVI			POLITICAL EXAS	EXPEND	ITUR E	SCHEDULE T
The Inst	ruction Guid	ie explains how to	complete this for	m.	1 Total pages Schedul	e T:
2 FILER NAME					3 ACCOUNT # (Ethics	Commission Filers)
4 Name of Contributor	/ Gorporatio	n or Labor Organiza	tion / Pledgor / Payes)		
5 Contribution / Expen	diture report	ed on:				
□ \$0	:heduje A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
s	:hedul e H	Schedule N	Сон-ис	Сон-т	PAC-C	PAC-E
6 Dates of travel	7 Name	of person(s) travelir	ig .	•		
	8 Depart	ure cily or name of o	leparture location			
9 Destination city or name of destination location						
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor /	Corporation	or Labor Organization	on / Pledgor / Payee			
Contribution / Expendi	ilure reported	i on:				
☐ Sc	hedule A	Schedule B	Schedule C	Cchedule	D Schedule F	Schedule G
☐ \$c	hedula H	Schedule N	Сон-пс	Сон-Т	PAC-C	PAC-E
Dates of travel	Name of	person(a) traveling				
	Departure	e cily or name of dep	arture location			
	Destination	on city or hame of de	stination location			
Means of transportation	n	Purpose of trave	l (including name of d	conference, semi	nar, or other event)	
Name of Contributor /	Corporation	or Labor Organizatio	n / Pledgor / Payee			
Contribution / Expendi	lure reported	on:				
Sci	h e dule A	Schedule B	Schedule C	Schedule I	Schedule F	Schedule G
☐ sd	hedule H	Schedule N	Сон-пс	СОЙ-Т	PAC-C	PAC-E
Dates of travel	Name of	person(a) traveling				
	Departure	city or name of dep	arture location			
	Destinatio	n city or name of de	noitead noitenis			
Means of transportation	7	Purpose of trave	(including name of c	onference, semir	nar, or other event)	
	A	TTACH ADDITION	IAL COPIES OF TH	IS SCHEDULE/	AS NEEDED	

No. 1603 P. 13

Texas Ethics Commission

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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL DEPORT

FORM C/OH - FR

	The Instruction Guide explains how to c Complete only if "Report Type" on page 1 is	
1 C/OH	NAME	2 ACCOUNT # (Ethics Commission Filers
3 SIGN	ATURE	
report	nt expect any further political contributions or political expenditures in conne as a final report terminates my campaign treasurer appointment. I also und de any campaign expenditures without a campaign treasurer appointment or	lerstand that I may not accept any campaign contribution
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Che	ck anly one:	
	I do not have unexpended contributions or unexpended interest or incom	ne earned from political contributions.
	I have unexpended contributions or unexpended interest or income earner not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political conteport. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of E	r income earned on political contributions to personal contributions and that I may not retain unexpended ntributions longer than six years after filing this final all contributions and unexpended interest or income
윰.	ASSETS	
Cher	ck only one:	
	I do not retain assets purchased with political contributions or interest or	other income from political contributions.
	I do retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest or use. I also understand that I must dispose of assets purchased with politic of Election Code, § 254.204.	or other income from political contributions to personal
		Signature of Candidate
	CEHOLDER splete this section only if you are an officeholder **	
	Lam aware that I remain subject to filing requirements applicable to an office I am also aware that I will be required to file reports of unexpended controlling officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	Inbutions if, after filing the last required report as an